

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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45		/				
46		/				
47	/					
48	/					
49		/				
50	/					
TOTAL IND.	5					
TOTAL DEP.	8					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
51		/				
52	/					
53		/				
54		/				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						